

REVOCATION OF
DOCUMENT CONCERNING WITHHOLDING OR
WITHDRAWAL OF LIFE SUPPORT SYSTEMS.

I, _____,
Declarant, having executed a Document Concerning Withholding or Withdrawal of Life
Support Systems on the _____ day of _____, 20____.

Pursuant to Connecticut Revised Statutes Sec. 19a-579a, I may revoke this document at
any time and in any manner, without regard to my mental or physical condition.

This is my written revocation of my Document Concerning Withholding or Withdrawal
of Life Support Systems and it is provided to all persons to whom I have provided a copy
of my Document Concerning Withholding or Withdrawal of Life Support Systems.

DATED this the _____ day of _____, 20____.

Signature of Declarant: _____

Printed Name of Declarant: _____

Address of Declarant: _____

Signature of Witness: _____

Printed Name of Witness: _____

Address of Witness: _____

Signature of Witness: _____

Printed Name of Witness: _____

Address of Witness: _____